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个案与短篇

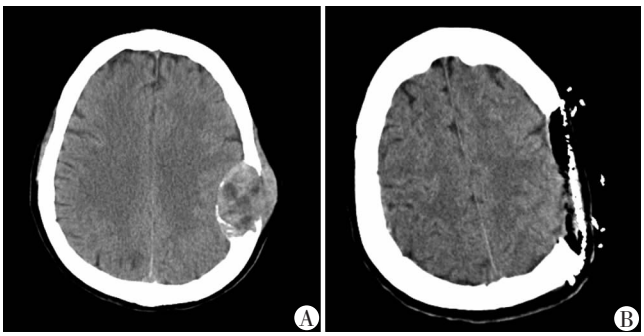
肾透明细胞癌颅骨转移1例

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[**关键词**] 肾透明细胞癌;颅骨转移;颅骨肿瘤
[**中图法分类号**] R737.11 [**文献标志码**] B

1 临床资料

患者女性,66岁,因"左颞部包块进行性长大2个月余"入院。患者于10年前在我院行左肾透明细胞癌根除术,术后予以行重组人白介素2及TNF-α等生物治疗,未行放化疗。查体:神清语晰,左颞部见一大小约4 cm×2 cm包块,活动度差,质韧,无压痛,局部无红肿,与周围组织分界清楚,双侧瞳孔等大等圆,直径3 mm,光反射灵敏,颈软,脊柱四肢无畸形,肌张力及肌力正常。生理反射正常,病理反射未引出。头颅CT、MRI提示(图1A、2A):左颞骨长约4.4 cm骨质破坏缺失区,局部可见一大小约3.4 cm×4.4 cm×4.3 cm梭形软组织肿块,边界清楚,增强后见病灶呈不均匀强化,包块性质待定。入院查肾功、尿常规正常,尿量正常,术前常规检查无禁忌,术前考虑颅骨转移性肿瘤,患者拒绝行全身PET/CT检查,遂行左侧颞骨肿瘤切除术+颅骨修补术,术中见肿瘤已侵犯颞肌及颞骨,于肿瘤边界外约2 cm正常颅骨钻孔后铣刀铣下骨瓣,肿瘤血供十分丰富,肿瘤已穿透内板,切除肿瘤后见硬膜尚完整,探查硬膜下未见肿瘤侵犯,因切除肿瘤后颅骨缺损面积较大,同期行颅骨修补术。术后病检示:(左侧颞骨)透明细胞癌,考虑转移性肾透明细胞癌。免疫组化染色:CK(+),Vim(+),PAX-2(+),GFAP(-),EMA(+),PR(-),CD10(+),Ki67阳性细胞数5%,Pgp(-),GST-π(+),TOP-Ⅱ(-)。术后患者拒绝转肿瘤科治疗,康复出院。随访半年,复查头颅CT和增强MRI提示(图1B、2B)颅骨病灶无复发,全身未发现明显转移灶。



A:术前;B:术后

图1 肾透明细胞癌颅骨转移患者手术前后CT表现

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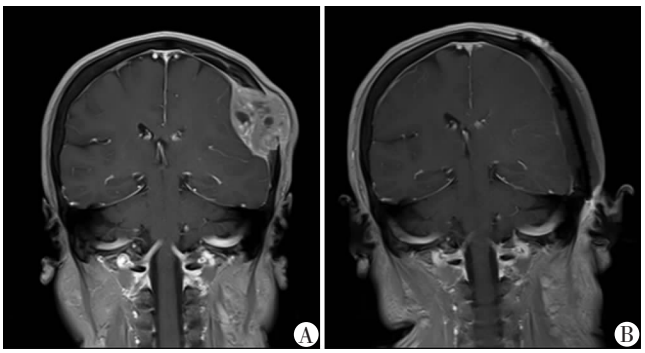
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A:术前;B:术后

图2 肾透明细胞癌颅骨转移患者手术前后MRI表现

2 讨论

肾透明细胞癌是最常见的肾细胞癌,占总数的70% ~ 80%。肾癌通过血液运输转移率高,约有60%的患者存在转移可能,远处转移多见于肺、脑、骨、肝等脏器,骨转移灶常发生于血液循环丰富的椎体及长骨近端,颅骨转移较为少见。检索CNKI数据库及维普中文科技期刊数据库1994 - 2013年资料,共报道肾透明细胞癌上颌骨转移[1]及颅骨转移各1例[2]。检索外文文献,肾透明细胞癌颅骨转移也十分罕见:Gaetani等[3] 2005年报告2例,同时,作者回顾分析了1955 - 2005年的文献,共报告31例;Yeh等[4] 2007年报告1例。若无明确病史,肾透明细胞癌颅骨转移易误诊嗜酸性肉芽肿等颅骨肿瘤,确诊依赖于病理诊断,手术治疗应从正常颅骨钻孔,尽量完整切除肿瘤,减少术中出血。转移性肾透明细胞癌对放化疗不敏感,手术是治疗的唯一有效办法,转移灶彻底切除的患者的生存期要比姑息性切除的明显延长[5]。术后是否行放化疗存在争议,本病预后不良,平均生存期约13个月[6]。本例患者彻底切除肿瘤及受侵犯的颅骨、肌肉,随访半年无复发,但仍需长期随访。对于不明原因颅骨肿瘤,应考虑到颅骨转移的可能。

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